Name In Full Mr. Littleton P. Bell

Certificate of (Death)

Died at Town Princess Anne County Somerset MARYLAND

Date 189 9 Month 3 Day 26 | Age Y. 44 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Heart, trouble 57 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Ledger Enterprise 4-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P58

Name In Full

William Custis Smith Bell

Certificate of Death

Town: Marion County: Somerset

Died at Marion, Somerset, MARYLAND

Date 1899 Month: Mch. Day: 24

Age Y. 38 M. 11 D. 27

Native of Maryland

Occupation ——

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Mary Virginia Carr

Father's Name John J. Bell

Mother's Name Lizzie Horsey

Cause of Death: Primary Alcoholism, Comp. with Bright's — How long sick 2 days

Immediate Uraemic Coma 97

~~Accident, Suicide, Homicide~~

Reported by O. R. B. Ewell M.D.

Address Marion Station Somerset Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79598

Name in Full

Certificate of Death

Esther Benton

Died at Town: Deals Island County: Somerset MARYLAND

Date 1894 Month: March Day: 10 | Age Y. 5 M. D. | Native of: Md | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name: Eddie Benton

Mother's Name: Ella Benton

Cause of Death: Primary: 146a | How long sick: 5 Hours

Immediate: Burning | Accident, ~~Suicide, Homicide~~

Reported by: Wm M. Evans

Address: Deals Island Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Thomas Pope

of Deal's Island

Information contained in this certificate received from Linwood Tawes

of Deals Island Md.

Seen by Coroner none

of

Name in Full

Certificate of Death

Mary H. Disharoon

Died at Town: Crisfield County: Somerset MARYLAND

Date 189 9 Month: Mar Day: 7 | Age Y. 36 M. — D. | Native of Md | Occupation Lady.

~~Male~~ / Female | White / ~~Colored~~ | Married ~~Widow~~ ~~Divorced~~ / ~~Widower~~ Single | ~~Number of children living~~

Husband / Wife of T

Father's Name Joseph A Disharoon | Mother's Name Sallie E Disharoon

Cause of Death: Primary Gen. Tuberculosis | How long sick 3 years

Immediate Exhaustion 25 | ~~Accident, Suicide, Homicide~~

Reported by W. F. Howe

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Lena Henry

Died at Town Deale-Island County Tarrant MARYLAND

Date 189 9 Month March Day 1 | Age Y. 6 M. 25 D. | Native of md. | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name John H Henry

Mother's Name Annie L Henry

Cause of Death { Primary Dep. Dropsy of Color | How long sick 10 weeks
Immediate 77 | Accident, Suicide, Homicide

Reported by Wm W. Evans

Address Deale Island md.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. McKoin called to witness
of Deal Island and

Information contained in this certificate re-
ceived from John H Hasap
of Deal Island and

Seen by Coroner none
of

OVER

Name in Full

Isaac Leonard Hastings

Certificate of Death

Died at Town: Marion County: Somerset MARYLAND

Date 1899 Month: March Day: 19 | Age Y.: 48 M.: 9 D.: 10 | Native of: Maryland | Occupation: Horse Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Mary Elizabeth Dryden

Father's Name: Renatus Thos. Hastings. Mother's ~~Maiden~~ Name: Nancy Hastings

Cause of Death — Primary: Hemorrhagic Apoplexy | How long sick: 30 hours

Immediate: Apnoea preceded by Coma | ~~Accident, Suicide, Homicide~~

Reported by O. T. S. Ecroll M.D. 42

Address Marion. Somerset Co Md.

Must be signed by physician, if any in attendance, otherwisa by coroner, undartakar or minister.

LIBRARY BUREAU. 70668

Name In Full

Mrs. Sallie Matthews

Certificate of Death

Died at Town Near West P.O. County Anne Arun. Co. MARYLAND

Date 189 9 Month 3 Day 19 M. D. Age 86 Native of Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 2

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mrs Ethel Dwoodall

Address [redacted] 3-25-

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full

Alonzo E Nelson

Certificate of Death

Died at (Town) Crisfield (County) Somerset MARYLAND

Date 189 9 Month Mar. Day 6 | Age Y. 76 M. D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

~~Husband~~ ~~Wife~~ of Sallie Nelson

Father's Name +

Mother's Name ^

Cause of Death: Primary — Influenza 9 — How long sick 46 days

Immediate — Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705

Name in Full

Certificate of Death

Nettie J. Porter

Died at Town: below Allen County: Somerset MARYLAND

Date 189 9 Month/Day: 3/20 Age: Y. 24 M. D. Native of: Md. Occupation:

~~Male~~ / Female White / ~~Colored~~ ~~Married~~ / Single ~~Widow~~ / Widower ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Alpheus S. Porter Mother's Name: Letitia Porter

Cause of Death — Primary: I dont know How long sick: 22a

Immediate: supposed to be consumption Accident, Suicide, ~~Homicide~~

Reported by: Geo. E. Hill Undertaker

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. None

of

Information contained in this certificate received from her parents

of Somerset Co. Md.

Name in Full

Certificate of Death

Eliza Riggin

Died at Town Lawsonia County Somerset MARYLAND

Date 1899 Month Mch. Day 1 | Age Y. 75 M. mo D. da | Native of Somerset. | Occupation None

Male | White Yes | Married | Widow Yes | Divorced No

Female Yes | Colored | Single | Widower | Number of children living None

Husband / Wife of John Riggin

Father's Name Isaac Sterling

Mother's Name Betsey Sterling

Cause of Death — Primary: Valvular Disease of Heart — How long sick: 3 years or more

Immediate: Dropsy

57

Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Arthur Roberts

Died at Town: Darnestown County: Montgomery MARYLAND

Date 189 Month, Day: March 4 | Age Y. M. D.: 57 | Native of: md. | Occupation: Waterman

~~Male~~ ~~White~~ ~~Married~~ Widowed Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living 8

Husband ~~Wife~~ of Nancy Roberts

Father's Name H Roberts

Mother's Name Jo Roberts

Cause of Death: Primary Paralysis — How long sick 14 months

Immediate

Aged 57 Replied 4/4

~~Accident, Suicide, Homicide~~

Reported by Wm W Evans 5-31

Address Deals Island md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. L. Whidden

of Dame's Quarter

Did not attend in his life time

Information contained in this certificate received from Preston Roberts

of Dames Quarter md

Seen by Coroner .....

of .....

OVER

Name in Full — Certificate of Death

Joshua Wilson

Died at Town: Dames Quarter, County: Somerset — MARYLAND

Date 189 9 — Month: March — Day: 15th — Age: Y. about 50 years, M., D. — Native of: Maryland — Occupation: oysterman

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living 2

Husband / Wife of —

Father's Name: Robert Wilson — Mother's Name: Sarah Wilson

Cause of Death — Primary: Consumption — How long sick: about 1 yr.

Immediate: Exhaustion

~~Accident~~, Suicide, ~~Homicide~~

Reported by A. J. Windsor,

Address Dames Quarter, Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Attended by Dr._____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Seen by Coroner_____

of_____

OVER